EARLY HEAD START
TIP SHEET
No. 15

Should EHS programs enroll pregnant women/expectant families?

Response:

Although not all EHS programs enroll expectant families, programs are certainly encouraged to think about ways to work with this population since it is a critical period in a family's life impacting future development and success. The 2002 EHS Research Report indicates that when EHS families were enrolled during pregnancy, the children had better outcomes than those enrolled after birth.

EHS programs are not required to enroll pregnant women. However, if enrolled during pregnancy, the program must plan for continuity of EHS services for the newborn baby. Whether or not a program serves pregnant women and their families is dependent upon their program design and community assessment. The number of pregnant women enrolled in an EHS program is contingent upon the program's grant award which designates the total number of children and the total number of pregnant women that the program is funded to serve. This number can change with Regional Office approval. In some cases, EHS programs have reduced their slots for expectant families because their communities have existing comprehensive services for expectant families or their program does not have enough slots for the babies once born.

The Head Start Performance Standards 1304.40(c)(1-3) specify the services that programs may assist the expectant family to access as well as the services that programs must provide. The Head Start Performance Standards do not require programs to use a specific curriculum for pregnant women and their families. Instead, it is through the Family Partnership Agreement process that the program ensures individualized services for each family. With the help of staff, each family identifies the family's goals, strengths, and needed services. Since EHS enrollment continues until the child is three-years-old, this process also gives parents the opportunity to choose what program option for services is best for them: home-based, center-based, or a combination model. This requires a significant amount of program planning and flexibility in order for the program to have the right slot in the right time. The family's preference may change as the baby and family grows and develops. For example, expectant parents may want to enroll into center-based option, but once the baby is born, they decide upon home-based services for the first year.

Working with expectant families requires specialized knowledge that is directly related to pregnancy and child birth as well as other areas that effect child health and development. The needs vary due to family and cultural differences, personality and coping styles, health and medical status, stage of pregnancy, and other factors.

Considerations:

- What does the Community Assessment reveal about the needs of expectant families in the community?
- What services for pregnant women and expectant families already exist in the community?
- How does the Health Services Advisory Committee assist in creating linkages to these services?
- How is the program collaborating with community partners to provide the service(s)?
- What partnership agreements related to services for expectant families does the program have in place?
- How does the program plan and communicate with community partners?
- What is the program's system for tracking, documenting, and monitoring services for expectant families?
- How does the EHS program ensure available slots for children when they are born?
- How does the program ensure that services/program option for the newborn child meets the family's needs and expectations?
- How does the program provide training and staff development opportunities on topics regarding services to pregnant women/families?

Performance Standards, Title 45, Code of Federal Regulations**:**

- 1304.40(c)(1-3) Services to pregnant women who are enrolled in programs serving pregnant women, infants and toddlers.
  - (1) Early Head Start grantee and delegate agencies must assist pregnant women to access comprehensive prenatal and postpartum care, through referrals, immediately after enrollment in the program. This care must include:
    - (i) Early and continuing risk assessments, which include an assessment of nutritional status as well as nutrition counseling and food assistance, if necessary;
    - (ii) Health promotion and treatment, including medical and dental examinations on a schedule deemed appropriate by the attending health care providers as early in the pregnancy as possible; and
    - (iii) Mental health interventions and follow-up, including substance abuse prevention and treatment services, as needed.

  (2) Grantee and delegate agencies must provide pregnant women and other family members, as appropriate, with prenatal education on fetal development (including risks from smoking and alcohol) labor and delivery, and postpartum recovery (including maternal depression).

  (3) Grantee and delegate agencies must provide information on the benefits of breast feeding to all pregnant and nursing mothers.

- 1304.40(i)(6) Grantees and delegate agencies serving infants and toddlers must arrange for health staff to visit each newborn within two weeks after the infant's birth to ensure the well being of both the mother and the child.

- 1304.40(a)(2) As part of the ongoing partnership, grantee and delegate agencies must offer parents opportunities to develop and implement individualized Family Partnership Agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them.

- 1304.52 (k)(2) Grantee and delegate agencies must establish and implement a structured approach to staff training and development, attaching academic credit whenever possible. This system should be designed to help build relationships among staff and to assist staff in acquiring or increasing the knowledge and skills needed to fulfill their job responsibilities.

- 1305.2(f) funded enrollment means the number of children which the Head Start grantee is to serve, as indicated on the grant award.

Resources:

Department of Health and Human Services (2002) **Services to Pregnant Women Participating in Early Head Start.** Booklet form of ACYF-HS-IM-02-04, also available in Spanish. Accessible via www.headstartinfo.org.

Department of Health and Human Services (2000) **Child Development Services During Home Visits and Socializations in the Early Head Start Home-Based Programs Option** Booklet form of ACYF-IM-HS-00-22. *Transition Planning from Prenatal Services to the Home-Based Program Option,* p.19. Accessible via www.headstartinfo.org.

(2000) **Giving Children the Earliest Start: Developing an Individualized Approach to Quality Services for Pregnant Women**, Technical Assistance Paper No. 3. EHS NRC @ ZERO TO THREE: Washington, DC.

EHS Research and Evaluation Report, available online: http://www.acf.hhs.gov/programs/core/ongoing_research/ehs/ehs_intro.html

EHS Information Kit Research Addendum Kit - Research to Practice: Lessons Learned from the EHS Research and Evaluation Project, provides summaries of EHS research and themes. Accessible via www.headstartinfo.org.

Department of Health and Human Services (2002) **Weaving Connections: The Health Services Advisory Committee.** This multimedia training package includes a story of how a local health services advisory committee assisted a pregnant mother is getting a prescription drug needed to prevent further pregnancy complications. Accessible via www.headstartinfo.org.

Local Health Services Advisory Committees, involvement in all aspects of planning, delivering, and evaluating services for pregnant women and their families as well as to help develop linkages in the community that assist in these services.

The Tip Sheet is not a regulatory document and is for internal use only. Its intent is to provide a basis for dialogue, clarification, and problem solving among Regional Offices and grantees.